

PTO/SB/21 (04-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/822,988	
	Filing Date	April 12, 2004	
	First Named Inventor	Dale B. Schenk et al.	
	Art Unit	1646	
	Examiner Name	To be assigned	
Total Number of Pages in This Submission	7	Attorney Docket Number	15270J-004773US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Copy of Power of Attorney or Authorization of Agent filed October 8, 2004 (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Form filed October 8, 2004; Request for Corrected Filing Receipt (2 pages); and Copy of Statement Under 37 CFR 3.73(b) filed October 8, 2004 (1 page).
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42,397
Signature	<i>Rosemarie L. Celli</i>
Date	December 23, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 746-9195 on December 23, 2004.			
Typed or printed name	Aubrett Baker		
Signature	<i>Aubrett Baker</i>	Date	December 23, 2004

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PATENT

Attorney Docket No.: 15270J-004773US

By: 

Application No.: 10/822,968
Applicant: Dale B. Schenk
Filed: April 12, 2004
TC/A.U.: 1600/1646
Examiner: To be assigned

Confirmation No.: 4062

Docket No.: 15270J-004773US
Customer No.: 20350

Office of Initial Patent Examination
United States Patent and Trademark Office

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Issuance of a corrected filing receipt is respectfully requested. Attached hereto is a marked-up copy of the Updated Filing Receipt mailed by the United States Patent and Trademark Office on December 2, 2004.

Please correct the Power of Attorney as claimed by applicant. (See attached Power of Attorney filed October 8, 2004; which are attached hereto).

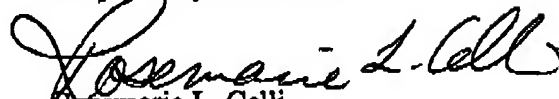
Applicant believes no fee is required for submission of this request. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's

Application No. 10/822,968
Request for Corrected Filing Receipt of December 23, 2004

PATENT

Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the previously noted deposit account.

Respectfully submitted,


Rosemarie L. Celli
Reg. No. 42,397

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/822,968	04/12/2004	1646	2538	15270J-004773US	18	67	7

20350

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CONFIRMATION NO. 4062

✓ UPDATED FILING RECEIPT



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Date Mailed: 12/02/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

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Assignment For Published Patent Application

Neuralab Limited, Flatts, BERMUDA

Power of Attorney:

The patent practitioners associated with Customer Number 20350.

~~William Smith - 36223~~~~Jean Duvall - 82731~~~~Nina Ashton - 37273~~~~Joe Liebeschuetz - 37505~~

Domestic Priority data as claimed by applicant

This application is a CON of 09/580,015 05/26/2000 ABN
which is a CIP of 09/322,289 05/28/1999
which is a CIP of 09/201,430 11/30/1998 PAT 6,787,523
which claims benefit of 60/080,970 04/07/1998
This application 10/822,968
is a CON of 09/723,765 11/28/2000
which is a CON of 09/580,019 05/28/2000 ABN

Foreign Applications

636

PTO/SB/21 (04-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/822,968
Filing Date	April 12, 2004
First Named Inventor	Dale B. Schenk et al.
Art Unit	1848
Examiner Name	To be assigned
Attorney Docket Number	15270J-004773US

Total Number of Pages in This Submission

3

ENCLOSURES (Check all that apply)

- | | | |
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| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
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<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Copy of Statement Under 37 CFR 3.73(b) (1 page) |
|---|---|--|

Remarks

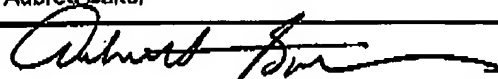
The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP
	Rosemarie Celli Reg. No. 42,397
Signature	
Date	October 8, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on October 8, 2004.

Typed or printed name	Aubrett Baker		
Signature		Date	October 8, 2004

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